

# Recommended Adult Immunization Schedule, by Vaccine and Age Group

## UNITED STATES, OCTOBER 2005–SEPTEMBER 2006

Vaccine ▼	Age group ►	19–49 years	50–64 years	≥ 65 years
Tetanus, diphtheria (Td) <sup>1*</sup>		1-dose booster every 10 yrs		
Measles, mumps, rubella (MMR) <sup>2*</sup>		1 or 2 doses	1 dose	
Varicella <sup>3*</sup>		2 doses (0, 4–8 wks)	2 doses (0, 4–8 wks)	
<div> <div></div> <div>Vaccines below broken line are for selected populations</div> </div>				
Influenza <sup>4*</sup>		1 dose annually	1 dose annually	
Pneumococcal (polysaccharide) <sup>5,6</sup>		1–2 doses		1 dose
Hepatitis A <sup>7*</sup>		2 doses (0, 6–12 mos, or 0, 6–18 mos)		
Hepatitis B <sup>8*</sup>		3 doses (0, 1–2, 4–6 mos)		
Meningococcal <sup>9</sup>		1 or more doses		

NOTE: This schedule should be read along with the footnotes, which can be found at [www.cdc.gov/nip/recs/adult-schedule.htm](http://www.cdc.gov/nip/recs/adult-schedule.htm)

\*Covered by the Vaccine Injury Compensation Program.



For all persons in this category who meet the age requirements and who lack evidence of immunity (e.g., lack documentation of vaccination or have no evidence of prior infection)



Recommended if some other risk factor is present (e.g., based on medical, occupational, lifestyle, or other indications)

This schedule indicates the recommended age groups and medical indications for routine administration of currently licensed vaccines for persons aged ≥19 years. Licensed combination vaccines may be used whenever any components of the combination are indicated and when the vaccine's other components are not contraindicated. For detailed recommendations, consult the manufacturers' package inserts and the complete statements from the ACIP ([www.cdc.gov/nip/publications/acip-list.htm](http://www.cdc.gov/nip/publications/acip-list.htm)).

Report all clinically significant postvaccination reactions to the Vaccine Adverse Event Reporting System (VAERS). Reporting forms and instructions on filing a VAERS report are available by telephone, 800-822-7967, or from the VAERS website at [www.vaers.hhs.gov](http://www.vaers.hhs.gov).

Information on how to file a Vaccine Injury Compensation Program claim is available at [www.hrsa.gov/osp/vicp](http://www.hrsa.gov/osp/vicp) or by telephone, 800-338-2382. To file a claim for vaccine injury, contact the U.S. Court of Federal Claims, 717 Madison Place, N.W., Washington D.C. 20005, telephone 202-357-6400.

Additional information about the vaccines listed above and contraindications for vaccination is also available at [www.cdc.gov/nip](http://www.cdc.gov/nip) or from the CDC-INFO Contact Center at 800-CDC-INFO (232-4636) in English and Spanish, 24 hours a day, 7 days a week.



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR DISEASE CONTROL AND PREVENTION



# Recommended Adult Immunization Schedule, by Vaccine and Medical and Other Indications

## UNITED STATES, OCTOBER 2005–SEPTEMBER 2006

Indication ▶  Vaccine ▼	Pregnancy	Congenital immunodeficiency; leukemia; <sup>10</sup> lymphoma; generalized malignancy; cerebrospinal fluid leaks; therapy with alkylating agents, antimetabolites, radiation, or high-dose, long-term corticosteroids	Diabetes; heart disease; chronic pulmonary disease; chronic liver disease, including chronic alcoholism	Asplenia <sup>10</sup> (including elective splenectomy and terminal complement component deficiencies)	Kidney failure, end-stage renal disease, recipients of hemodialysis or clotting factor concentrates	Human immunodeficiency virus (HIV) infection <sup>10</sup>	Healthcare workers
Tetanus, diphtheria (Td) <sup>1*</sup>	1-dose booster every 10 yrs						
Measles, mumps, rubella (MMR) <sup>2*</sup>			1 or 2 doses				
Varicella <sup>3*</sup>			2 doses (0, 4–8 wks)				2 doses
Influenza <sup>4*</sup>	1 dose annually			1 dose annually	1 dose annually		
Pneumococcal (polysaccharide) <sup>5,6</sup>	1–2 doses	1–2 doses					1–2 doses
Hepatitis A <sup>7*</sup>	2 doses (0, 6–12 mos, or 0, 6–18 mos)						
Hepatitis B <sup>8*</sup>	3 doses (0, 1–2, 4–6 mos)				3 doses (0, 1–2, 4–6 mos)		
Meningococcal <sup>9</sup>	1 dose			1 dose	1 dose		

NOTE: This schedule should be read along with the footnotes, which can be found at [www.cdc.gov/nip/recs/adult-schedule.htm](http://www.cdc.gov/nip/recs/adult-schedule.htm)

\*Covered by the Vaccine Injury Compensation Program.



For all persons in this category who meet the age requirements and who lack evidence of immunity (e.g., lack documentation of vaccination or have no evidence of prior infection)



Recommended if some other risk factor is present (e.g., based on medical, occupational, lifestyle, or other indications)



Contraindicated